Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

# GENERAL INFORMATION

*Consolidated Permits Program*

*(Read the "General Instructions" before starting.)*

I. EPA I.D. NUMBER

| 6 | | T/A | C |
|---|---|---|---|
| F | | | D |
| 1 2 | 13 | 14 | 15 |

| LABEL ITEMS | | |
|---|---|---|
| I. | EPA I.D. NUMBER | PLEASE PLACE LABEL IN THIS SPACE |
| III. | FACILITY NAME | |
| V. | FACILITY MAILING ADDRESS | |
| VI. | FACILITY LOCATION | |

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

| SPECIFIC QUESTIONS | Mark "X" YES | NO | FORM ATTACHED | SPECIFIC QUESTIONS | Mark "X" YES | NO | FORM ATTACHED |
|---|---|---|---|---|---|---|---|
| A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A) | 16 | X 17 | 18 | B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B) | 19 | X 20 | 21 |
| C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C) | 22 | X 23 | 24 | D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D) | X 25 | 26 | X 27 |
| E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3) | 28 | X 29 | 30 | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | 31 | X 32 | 33 |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | 34 | X 35 | 36 | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | 37 | X 38 | 39 |
| I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | 40 | X 41 | 42 | J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5) | 43 | X 44 | 45 |

## III. NAME OF FACILITY

| C | | |
|---|---|---|
| 1 | SKIP | Aguirre Offshore Gas Port |
| 15 | 16 – 29 | 30 69 |

## IV. FACILITY CONTACT

| A. NAME & TITLE *(last, first, & title)* | B. PHONE *(area code & no.)* |
|---|---|
| C 2 Michael Trammel, Senior Director Environmental Affairs | (832) 813-7629 |
| 15 16 45 | 46 48 49 51 52 55 |

## V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

| C | |
|---|---|
| 3 | 1450 Lake Robbins Drive, Suite 200 |
| 15 | 16 45 |

| B. CITY OR TOWN | C. STATE | D. ZIP CODE |
|---|---|---|
| C 4 The Woodlands | TX | 77380 |
| 15 16 40 | 41 42 | 47 51 |

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

| C | |
|---|---|
| 5 | 3 miles Offshore from Jobos Bay |
| 15 | 16 45 |

B. COUNTY NAME

Salinas County(Lat.17 deg. 54'14" Long. 66 deg. 13' 49")

46 70

| C. CITY OR TOWN | D. STATE | E. ZIP CODE | F. COUNTY CODE *(if known)* |
|---|---|---|---|
| C 6 Salinas | PR | 00751 | NA |
| 15 16 40 | 41 42 | 47 51 | 52 54 |



CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

**VII. SIC CODES** *(4-digit, in order of priority)*

| A. FIRST | B. SECOND |
|---|---|
| 7 4924 *(specify)* Natural Gas Distribution | 7 4923 *(specify)* Natural Gas Transmission and Distribution |
| **C. THIRD** | **D. FOURTH** |
| 7 4491 *(specify)* Marine Cargo Handling | 7 1321 *(specify)* Natural Gas Liquids |

**VIII. OPERATOR INFORMATION**

A. NAME: Excelerate Energy

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P *(specify)* NA

D. PHONE *(area code & no.)*: A (832) 813-7629

E. STREET OR P.O. BOX: 1450 Lake Robbins Drive Suite 200

F. CITY OR TOWN: The Woodlands

G. STATE: TX

H. ZIP CODE: 77380

**IX. INDIAN LAND**

Is the facility located on Indian lands? ☐ YES ☑ NO

**X. EXISTING ENVIRONMENTAL PERMITS**

| A. NPDES *(Discharges to Surface Water)* | D. PSD *(Air Emissions from Proposed Sources)* |
|---|---|
| 9 N NA | 9 P PFE-TV-4911-63-0796-005** |
| **B. UIC** *(Underground Injection of Fluids)* | **E. OTHER** *(specify)* |
| 9 U NA | 9 NA *(specify)* NA |
| **C. RCRA** *(Hazardous Wastes)* | **E. OTHER** *(specify)* |
| 9 R NA | 9 NA *(specify)* NA |

**XI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS** *(provide a brief description)*

A floating storage regasification unit (FSRU) will be moored to an offshore GasPort Terminal located in the Caribbean Sea outside of Jobos Bay. The FSRU will regasify liquefied natural gas (LNG) supplied by liquefied natural gas carriers (LNGCs)that will moor to the GasPort Terminal every 1-2 weeks depending upon demand from the Aguirre Power Plant owned by the Puerto Rico Electric Power Authority (PREPA). The regasified natural gas will be delivered via submarine pipeline to the PREPA Aguirre Power Plant.

** PREPA Aguirre Power Plant Air Permit Number

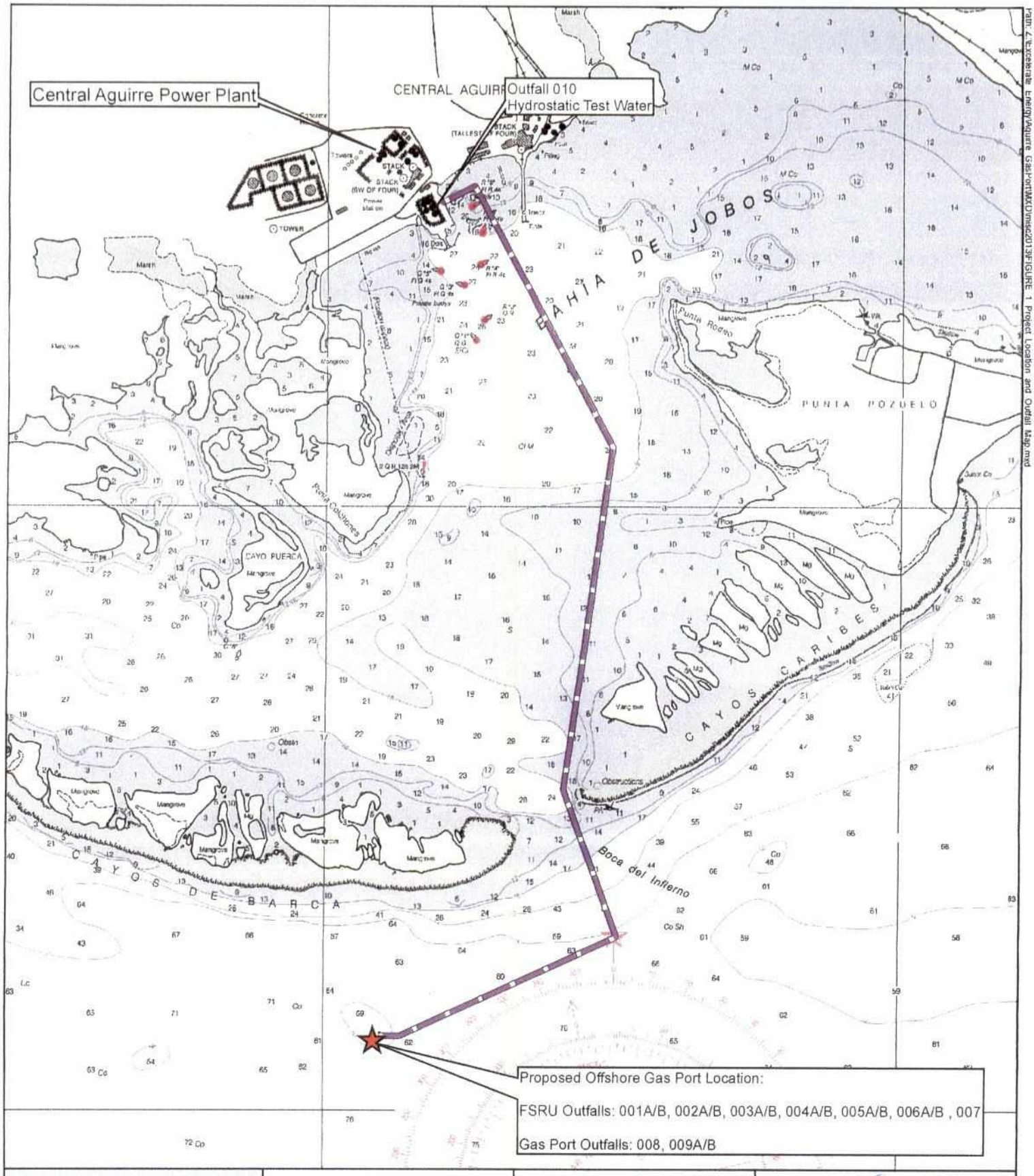
**XIII. CERTIFICATION** *(see instructions)*

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

| A. NAME & OFFICIAL TITLE *(type or print)* | B. SIGNATURE | C. DATE SIGNED |
|---|---|---|
| EDWARD SCOTT, COO | | 3 July 2013 |

COMMENTS FOR OFFICIAL USE ONLY

C




## LOCATION MAP


**Legend**

- Proposed Offshore Terminal
- Proposed Pipeline Route

Sources:
NOAA Raster Navigational Chart 25687
NOAA Office of Coast Survey

Notes:
Sounding displayed in feet at MLLW

Kilometers
0 0.25 0.5 1

0 0.25 0.5
Statute Miles

excelerate energy

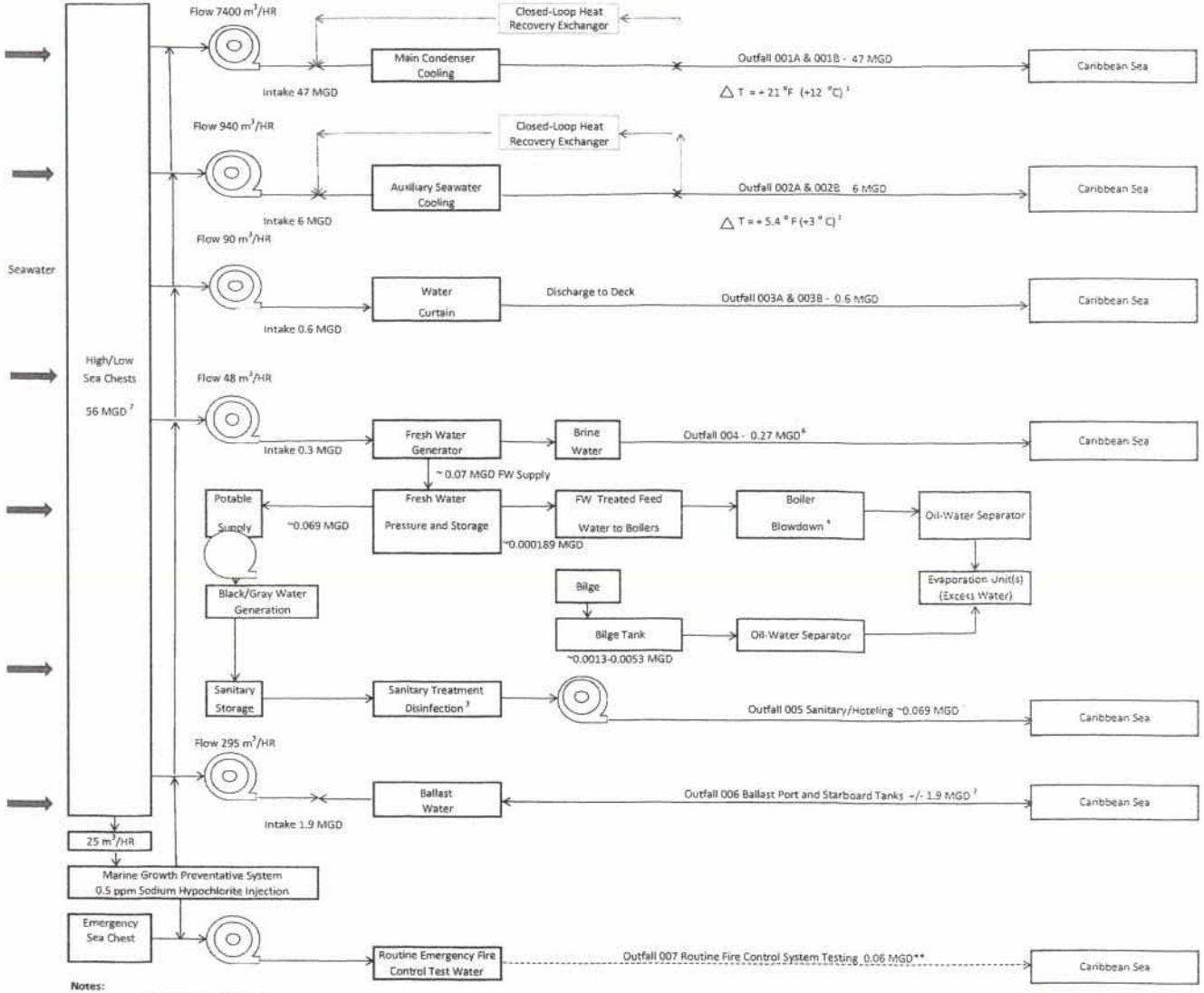
Figure 1
Project and Outfall Location Map

June 2013

TETRA TECH

Path: Z:\Excelerate Energy\Aguirre GasPort\MXD\mxd2013\FIGURE 1 Project Location and Outfall Map.mxd

# Aguirre GasPort Floating Storage Regasification Unit (FSRU) - Revised Preliminary Water Balance V1 5-21-13




**Notes:**

→ Continuous discharge

----------> Intermittent discharge based on regasification schedule

1 Water withdrawal and discharge based on closed loop and FRSU vessel readiness operation during regasification

2 Ballast water will vary significantly. Value based on Northeast Gateway Projectwith regasification process and on-board storage capacity of the FSRU and may cycle volumes of up to 10,000 m ³/hr.

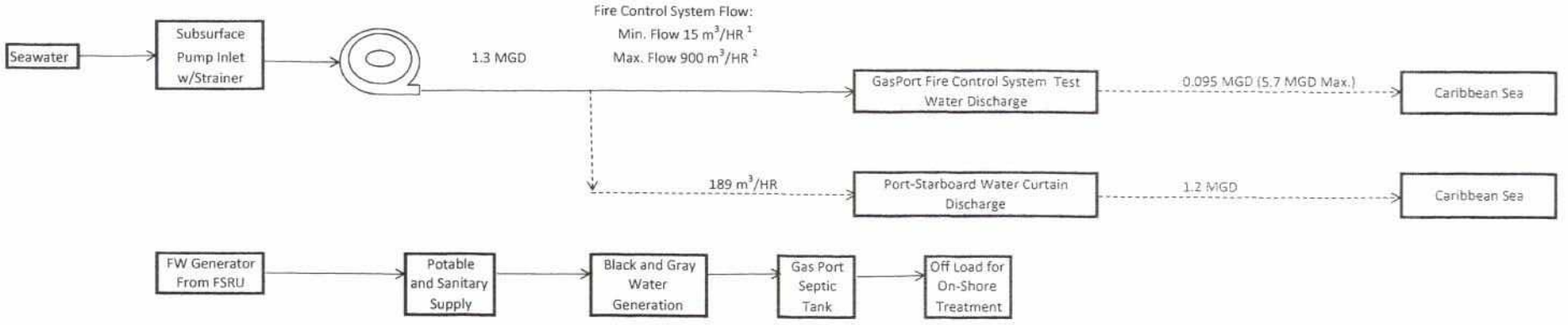
3 On-board gray/black water treatment and disinfection prior to discharge

4 Assumes that 2- Main Boilers have maximum volume of 3,100 gallons each and auxillary boiler has maximum volume of 310 gallons

5 Assumes a sanitary generation rate of 0.069 MGD for 100 member crew

6 Volume of discharge dependent upon daily potable supply and demand needs

7 An additional 960 m³/HR for emergency fire control system via emergency sea chest. Maximum withdrawal of 6 MDG only for emergency use. Intermittent routine testing will use estimated 0.06 MGD




**Notes:**

——————> Continuous discharge

----------> Intermittent discharge based on regasification schedule

[1] Minimum water withdrawal for on demand pressure maintance and service supply will be on routine basis

[2] Maximum flow based on emergency water supply operational demand .

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM **2F** NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

# Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

**Paperwork Reduction Act Notice**

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

## I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

| A. Outfall Number (*list*) | B. Latitude | | | C. Longitude | | | D. Receiving Water (*name*) |
|---|---|---|---|---|---|---|---|
| FSUR Stormwater | 17.00 | 54.00 | 14.00 | 66.00 | 13.00 | 49.00 | Caribbean Sea |
| GasPortStormwater | 17.00 | 54.00 | 14.00 | 66.00 | 13.00 | 49.00 | Caribbean Sea |
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## II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

| 1. Identification of Conditions, Agreements, Etc. | 2. Affected Outfalls | | 3. Brief Description of Project | 4. Final Compliance Date | |
|---|---|---|---|---|---|
| | number | source of discharge | | a. req. | b. proj. |
| NONE | NA | NA | NA | | |
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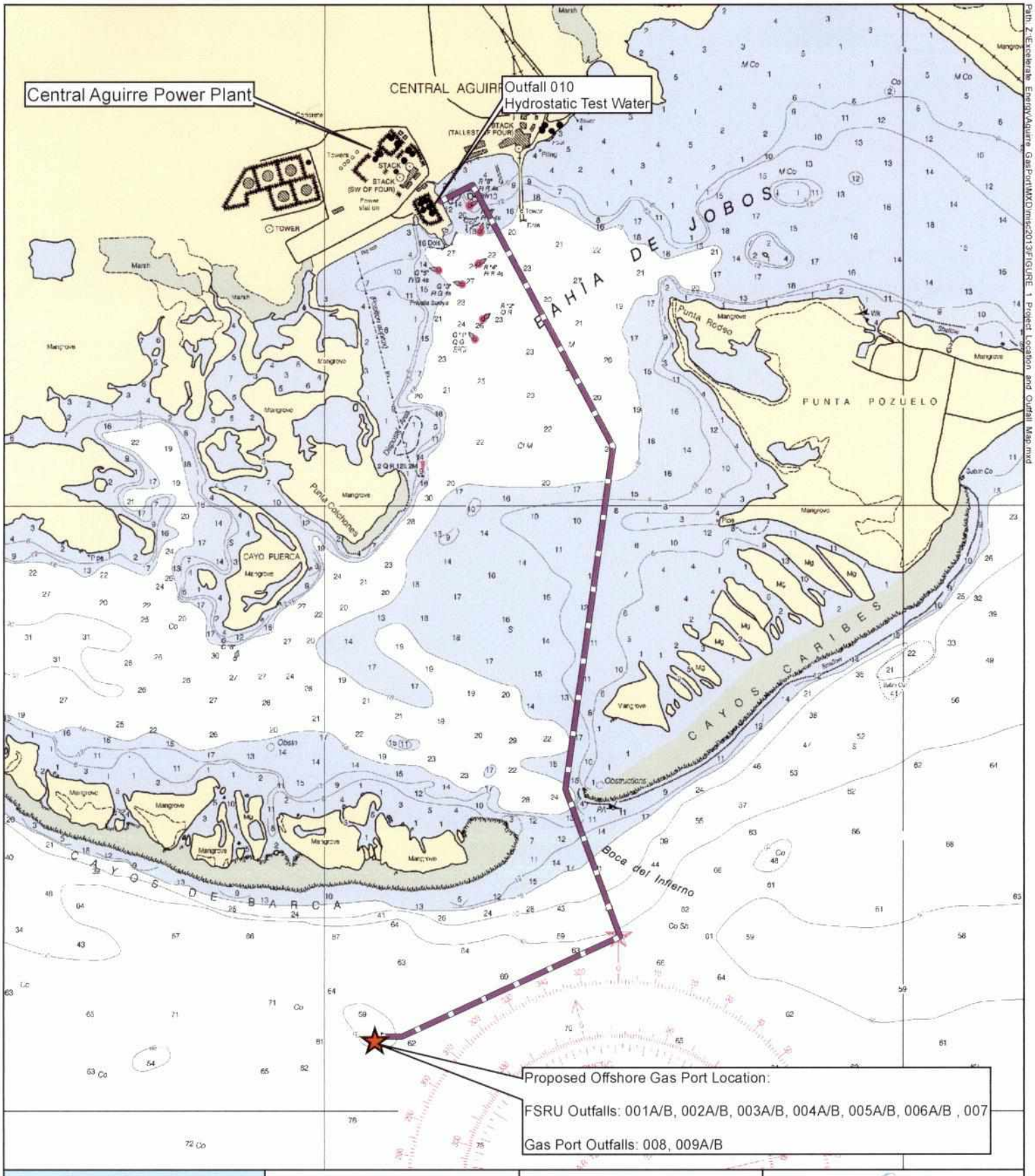
B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

## III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.


Continue on Page 2




## LOCATION MAP


**Legend**

- Proposed Offshore Terminal
- Proposed Pipeline Route

Sources:
NOAA Raster Navigational Chart 25687
NOAA Office of Coast Survey

Notes:
Sounding displayed in feet at MLLW

Kilometers
0 0.25 0.5 1

0 0.25 0.5
Statute Miles

excelerate energy

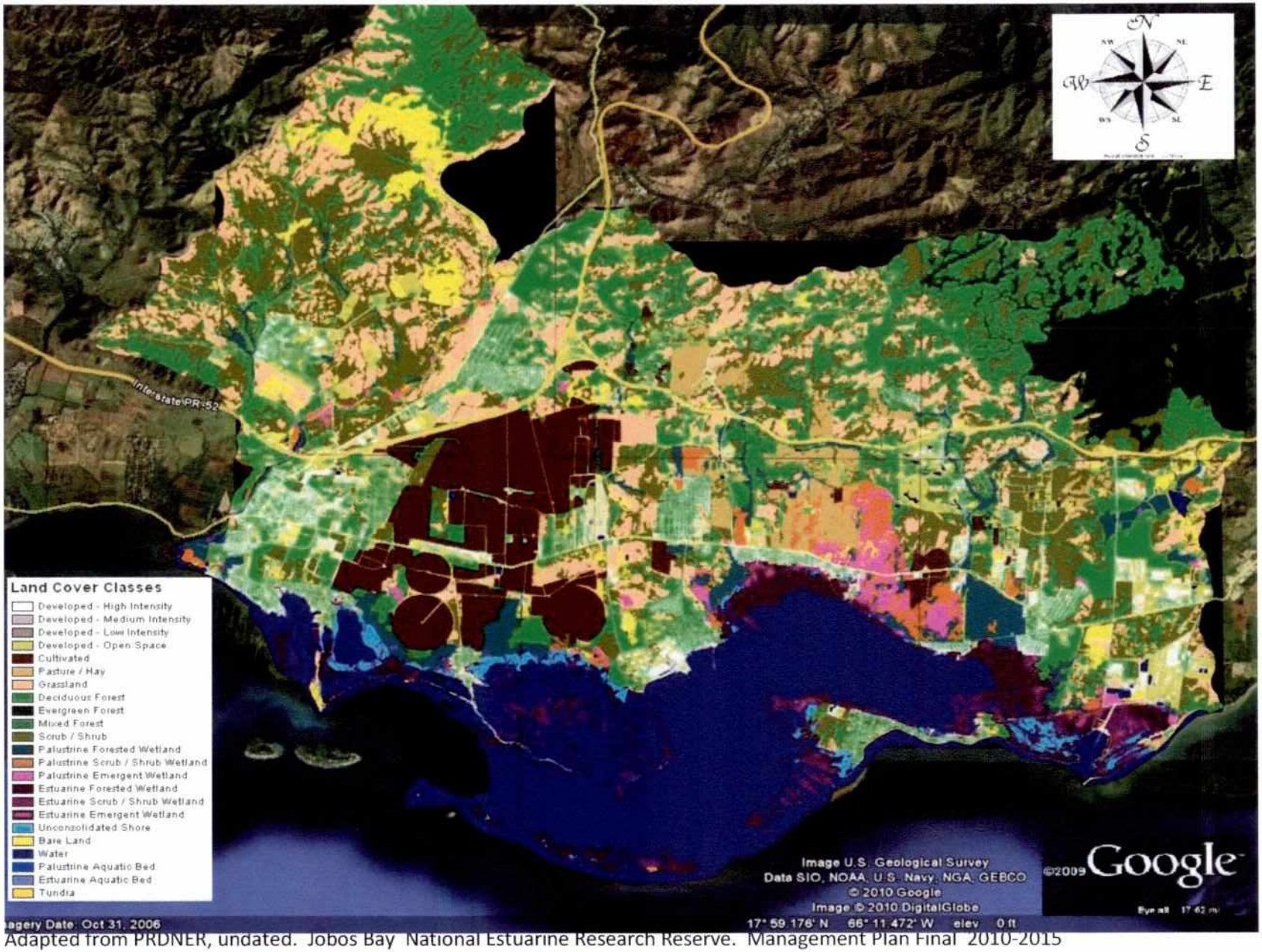
Figure 1
Project and Outfall Location Map

June 2013

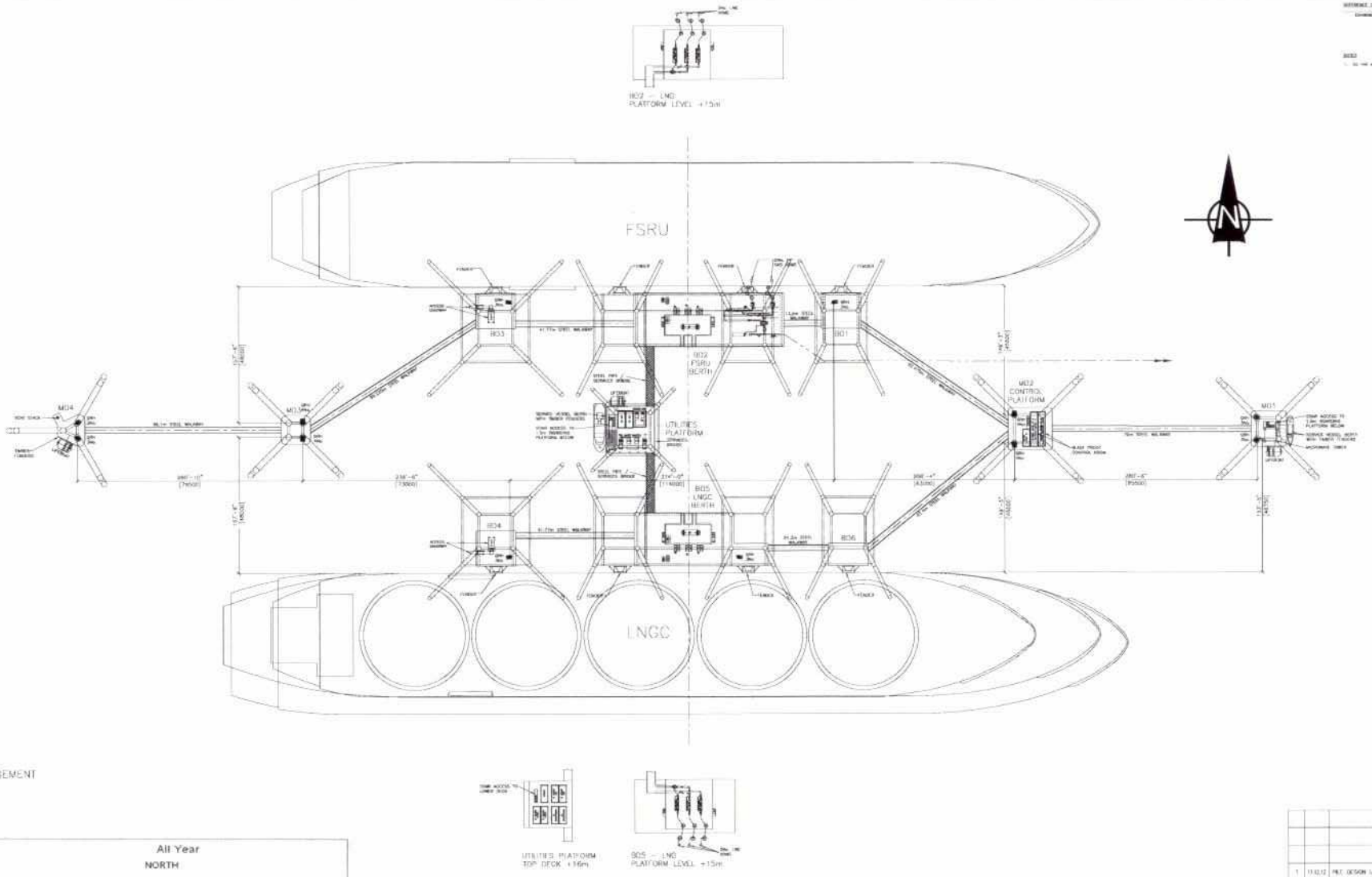
TETRA TECH

Path: Z:\Excelerate Energy\Aguirre GasPort\MXD\misc2013\FIGURE 1 Project Location and Outfall Map.mxd

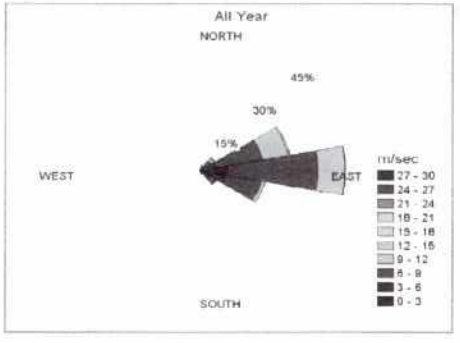
Figure 2 Jobos Bay Watershed and Drainage Area.



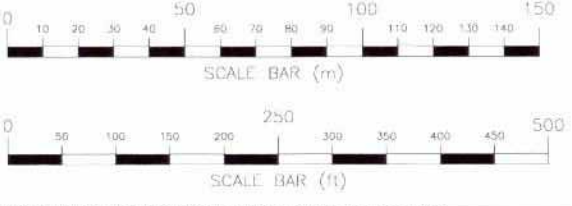

Adapted from PRDNER, undated. Jobos Bay National Estuarine Research Reserve. Management Plan Final 2010-2015 (www.drna.gobierno.pr/.../**JobosBayManagementPlan**FINALdecember.)




GENERAL ARRANGEMENT




WIND ROSE




| REV | DATE | DESCRIPTION | BY | CHK | APP |
|---|---|---|---|---|---|
| 1 | 11.12.12 | P&C DESIGN UPDATES | SS | SR | JS |
| 0 | 07.12.12 | PRELIMINARY ISSUE FOR COMMENTS | SS | SR | JS |

excelerate energy

Technica Limited

| | | | |
|---|---|---|---|
| DRAWN BY | SS | PROJECT No. | 04110300 |
| DATE | 07.12.12 | CLIENT REF. | |
| CLIENT | EXCELERATE ENERGY | | |

TITLE: AGUIRRE OFFSHORE GASPORT
JACKETED PILES
GENERAL ARRANGEMENT

| SCALE | DRAWING NUMBER | REVISION |
|---|---|---|
| 1:500 AD N.T.S. A1 | 04110300 - C - 0200 - 014 | 1 |

Continued from the Front

## IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall

| Outfall Number | Area of Impervious Surface (provide units) | Total Area Drained (provide units) | Outfall Number | Area of Impervious Surface (provide units) | Total Area Drained (provide units) |
|---|---|---|---|---|---|
| FSRU Over deck stormwa ter | Flat Deck area of FSRU approximates 300 m x 50 m | Approx. 15,000 square meters (m2) | Gas Port Overdec k Storm water | Gas Port Deck Area estimated to be 7,300 m2 and Gas Port access walk ways estimated to be 1900 m2. | Approx. 9,200 m2 |

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Ths is a proposed facility:

The FSRU will be moored to the Gas Port facility. This will be an operating, moored ship located off the coast of Jobos Bay which will act as a floating storage and regasification unit (FSRU) that will regasify liquidified natural gas (LNG) from LNG carriers for use by the Aguirre Power Station operated by the Puerto Rico Power Authority (PREPA). Operations of this vessel will include the use of machinery requiring lubrication, (oil and grease), hydraulic fluids and similar petroleum based fluids. Routine operation and maintaince of this machincery may result in the incidental/accidental leakage of such fluids onto deck areas. Such leakage will be captured via dip pans and collected and treated accordingly.

The Gas Port platform will be a manned deck platform area supporting diesel fuel generators and diesel fuel tanks. It will also support hydraulic oil tanks. Fuel or oil tank units will have associated bunds (with equivalent volume of 120% for spill/leak containment.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

| Outfall Number | Treatment | List Codes from Table 2F-1 |
|---|---|---|
| PSRUSW | Openings of deck drains/ports will be lined with oil and grease absorbent pigs to filter out oil and grease prior to discharge. Equipment and piping connections that have potential to leak will have dedicated drip pan installed below which will capture any incidental leakage of oil or grease. These pans wil be inspected regularly. Any accumulated oil or grease will be recovered and treated accordingly. | 1-X |
| GasPortSW | Diesel fuel and hydraulic oil tanks on Gas Port platform will be surrounded by containment bunds equal to 120% of the tank volume. | 1-X |

## V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

| Name and Official Title (type or print) | Signature | Date Signed |
|---|---|---|
| EDWARD SCOTT, COO | | 8 July 2013 |

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Proposed operation - No Data Available

## VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No data available. This is a proposed facility.

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*

## VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

## VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

## IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☐ Yes (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☑ No (*go to Section X*)

| A. Name | B. Address | C. Area Code & Phone No. | D. Pollutants Analyzed |
|---|---|---|---|
| | | | |

## X. Certification

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

| A. Name & Official Title (*Type Or Print*) | B. Area Code and Phone No. |
|---|---|
| EDWARD SCOTT, COO | 832-813-7100 |
| C. Signature | D. Date Signed |
| | 3 July 2013 |

## VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

| Pollutant and CAS Number *(if available)* | Maximum Values *(include units)* | | Average Values *(include units)* | | Number of Storm Events Sampled | Sources of Pollutants |
|---|---|---|---|---|---|---|
| | Grab Sample Taken During First 20 Minutes | Flow-Weighted Composite | Grab Sample Taken During First 20 Minutes | Flow-Weighted Composite | | |
| Oil and Grease | NA | N/A | NA | NA | 0.00 | NA |
| Biological Oxygen Demand (BOD5) | NA | NA | NA | NA | 0.00 | NA |
| Chemical Oxygen Demand (COD) | NA | NA | NA | NA | 0.00 | NA |
| Total Suspended Solids (TSS) | NA | NA | NA | NA | 0.00 | NA |
| Total Nitrogen | NA | NA | NA | NA | 0.00 | NA |
| Total Phosphorus | NA | NA | NA | NA | 0.00 | NA |
| pH | Minimum | Maximum | Minimum | Maximum | 0.00 | NA |

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

| Pollutant and CAS Number *(if available)* | Maximum Values *(include units)* | | Average Values *(include units)* | | Number of Storm Events Sampled | Sources of Pollutants |
|---|---|---|---|---|---|---|
| | Grab Sample Taken During First 20 Minutes | Flow-Weighted Composite | Grab Sample Taken During First 20 Minutes | Flow-Weighted Composite | | |
| NA | NA | NA | NA | NA | 0.00 | NA |
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Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

| Pollutant and CAS Number *(if available)* | Maximum Values *(include units)* | | Average Values *(include units)* | | Number of Storm Events Sampled | Sources of Pollutants |
|---|---|---|---|---|---|---|
| | Grab Sample Taken During First 20 Minutes | Flow-Weighted Composite | Grab Sample Taken During First 20 Minutes | Flow-Weighted Composite | | |
| NA | NA | NA | NA | NA | 0.00 | NA |
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Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

| 1. Date of Storm Event | 2. Duration of Storm Event *(in minutes)* | 3. Total rainfall during storm event *(in inches)* | 4. Number of hours between beginning of storm measured and end of previous measurable rain event | 5. Maximum flow rate during rain event *(gallons/minute or specify units)* | 6. Total flow from rain event *(gallons or specify units)* |
|---|---|---|---|---|---|
| NA | NA | NA | NA | NA | NA |

7. Provide a description of the method of flow measurement or estimate.

NA